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ATTORNEYS AT LAW**

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**FACSIMILE TRANSMISSION**
**Total # of Pages: 18 (including this page)**

TO:	PHONE #:	FAX #:
Examiner L.S. Channavajjala – Art Unit 1615 Commissioner for Patents Mail Stop AF	(571) 272-0591	(703) 872-9306

From : Stephen E. Reiter <i>SN</i>
Email Address : sreiter@foley.com
Sender's Direct Dial : 858.847.6711
Date : October 13, 2004
Client/Matter No : 028614-1102
User ID No : 1877

**MESSAGE:**
**OFFICIAL**

Re: Application Serial No. 09/700,625

Following are:

 Amendment Transmittal (3 pgs.-in dupl. = 6 pgs.);  
 Response Under 37 C.F.R. 1.116 (11 pgs.).

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Operator:	Time Sent:	Return Original To: Joy Day
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CENTRAL FAX CENTER NO. 0698 P. 2/18

OCT 13 2004

Atty. Dkt. No. DALHO1290-1 (028614-1102)

***IN THE UNITED STATES PATENT AND TRADEMARK OFFICE***

Applicant: Sawynok et al.

Title: ANTIDEPRESSANT  
COMPOSITIONS USEFUL FOR  
LOCAL ANALGESIA (as  
amended)

Appl. No.: 09/700,625

Filing Date: 2/1/2001

Examiner: L. S. Chaonavajjala

Art Unit: 1615

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below.

\_\_\_\_\_  
*Stephen E. Reiter*  
(Printed Name)  
*Stephan E. R.*  
(Signature)

\_\_\_\_\_  
*October 13, 2004*  
(Date of Deposit)

**AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[ X ] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

[ ] Assertion of Small Entity status is enclosed.

[ X ] The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	14	-	71 = 0	\$18.00 x	\$0.00 =
Independent Claims:	10	-	6 = 4	\$88.00 x	\$352.00 =

-1-

023.261009.1

PAGE 2/18 \* RCVD AT 10/13/2004 7:22:54 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-1/6 \* DNI:8729306 \* CSID: \* DURATION (mm:ss):04:44

Atty. Dkt. No. DALHO1290-1 (028614-1102)

First presentation of any Multiple Dependent Claims:	+	\$300.00	=	\$0.00
0		CLAIMS FEE TOTAL	=	\$352.00

---

[ ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> [ ] Extension for response filed within the first month:	\$110.00	0	\$0.00
<input type="checkbox"/> [ ] Extension for response filed within the second month:	\$430.00	0	\$0.00
<input type="checkbox"/> [ ] Extension for response filed within the third month:	\$980.00	0	\$0.00
<input type="checkbox"/> [ ] Extension for response filed within the fourth month:	\$1,530.00	0	\$0.00
<input type="checkbox"/> [ ] Extension for response filed within the fifth month:	\$2,080.00	0	\$0.00
EXTENSION FEE TOTAL:			
			\$0.00
<input type="checkbox"/> [ ] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$110.00	0	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:			
			\$352.00
<input checked="" type="checkbox"/> [ X ]	Small Entity Fees Apply (subtract ½ of above):		\$176.00
			TOTAL FEE:
			\$176.00

---

[ X ] Please charge Deposit Account No. 50-0872 in the amount of \$176.00. A duplicate copy of this transmittal is enclosed.

[ ] A check in the amount of \$\_\_\_\_\_ is enclosed.

[ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such

Atty. Dkt. No. DALHO1290-1 (028614-1102)

extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to  
Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address  
indicated below.

Respectfully submitted,

Date: October 13, 2004

By Stephen E. Reiter

FOLEY & LARDNER LLP  
Customer Number: 30542  
Telephone: (858) 847-6711  
Facsimile: (858) 792-6773

Stephen E. Reiter  
Attorney for Applicant  
Registration No. 31,192

OCT. 13. 2004 4:23PM

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RECEIVED  
CENTRAL FAX CENTER NO. 0698 P. 5/18**DUPLICATE**

Atty. Dkt. No. DALHO1290-1 (028614-1102)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Sawynok et al.

Title: ANTIDEPRESSANT  
COMPOSITIONS USEFUL FOR  
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amended)

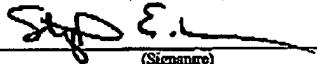
Appl. No.: 09/700,625

Filing Date: 2/1/2001

Examiner: L. S. Chammavajjala

Art Unit: 1615

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First presentation of any Multiple Dependent Claims:	+	\$300.00	=	\$0.00
0				
		CLAIMS FEE TOTAL	=	\$352.00

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